

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
COMMUNITY ONCOLOGY ALLIANCE PAC

ADDRESS (number and street) 100 N. Humphreys Blvd
 Check if different than previously reported. (ACC)
Memphis TN 38120

2. **FEC IDENTIFICATION NUMBER** C00383976
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 10 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Patrick W Cobb

Signature of Treasurer Electronically Filed by Mr. Patrick W Cobb Date 12 31 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		19573.50
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	12872.08									
(c) Total Receipts (from Line 19)	8616.31	24636.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21488.39	44209.59								
7. Total Disbursements (from Line 31)	2636.40	25357.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18851.99	18851.99								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8300.00	24250.00
(ii) Unitemized	316.31	386.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8616.31	24636.09
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8616.31	24636.09
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8616.31	24636.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8616.31	24636.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	136.40	315.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	136.40	315.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	24000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1042.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2636.40	25357.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2636.40	25357.60

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8616.31	24636.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8616.31	24636.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	136.40	315.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	136.40	315.10

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.	Full Name (Last, First, Middle Initial) Dr. Manish S Bhandari	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 8747 Brookscreek Drive Apt 206	Transaction ID: SA11AI.4913
	City State Zip Code Cincinnati OH 45249	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Self Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr Robert L. Cody	Date of Receipt MM / DD / YYYY 12 / 16 / 2009
	Mailing Address 11347 Avant Ln	Transaction ID: SA11AI.4904
	City State Zip Code Cincinnati OH 45249	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Cincinnati Hema/Onc Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr Justin Peter Favaro	Date of Receipt MM / DD / YYYY 10 / 19 / 2009
	Mailing Address 830 Wismar Ct.	Transaction ID: SA11AI.4875
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Onc Specialists of Charlotte Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.	Full Name (Last, First, Middle Initial) Dr. Mark H. Knapp	Date of Receipt MM / DD / YYYY 10 / 21 / 2009
	Mailing Address 5469 Kirby Road Apt. 63	Transaction ID: SA11AI.4885
	City State Zip Code Cincinnati OH 45223	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Mid-Ohio Onc/Hem Inc Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Steven Leibach	Date of Receipt MM / DD / YYYY 10 / 06 / 2009
	Mailing Address 3701 Algonquin Road	Transaction ID: SA11AI.4920
	City State Zip Code Rolling Meadows IL 60008	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation self Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr Philip D. Leming	Date of Receipt MM / DD / YYYY 12 / 22 / 2009
	Mailing Address 7745 Hartford Hill Lane	Transaction ID: SA11AI.4908
	City State Zip Code Cincinnati OH 45242	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Cincinnati Hema/Onc Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.	Full Name (Last, First, Middle Initial) Dr Brian A. Mannion	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 3647 Fawnrun Drive	Transaction ID: SA11AI.4909
	City State Zip Code Cincinnati OH 45241	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Cincinnati Hema/Onc Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms Cornelia McCluskey	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 858 Ludlow Avenue	Transaction ID: SA11AI.4859
	City State Zip Code Cincinnati OH 45220	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Self Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Anthony Meluch	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 4430 E. Brookfield Drive	Transaction ID: SA11AI.4896
	City State Zip Code Nashville TN 37205	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation self Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial)
Dr. Taral Patel

Mailing Address 2690 Northmont Dr

City State Zip Code
Blacklick OH 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mid-Ohio Onc/Hem Inc Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4887

Amount of Each Receipt this Period
750.00

Contribution

B. Full Name (Last, First, Middle Initial)
Chris Rhoades

Mailing Address 2144 Fairfax Raod

City State Zip Code
Columbus OH 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Zangmeister MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.4892

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Mark L. Segal

Mailing Address 7033 Perry Place

City State Zip Code
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mid-Ohio Onc/Hem Inc Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.4883

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Ronald Shade

Mailing Address 878 Bristol Drive

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: SA11AI.4873

Amount of Each Receipt this Period
500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr Slobodan M. Stanisic

Mailing Address 6979 Turpin View Drive

City State Zip Code
Cincinnati OH 45244

FEC ID number of contributing federal political committee. **C**

Name of Employer Cincinnati Hema/Onc Occupation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.4910

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Poonkothai Sundaram

Mailing Address 7165 Pleasant Colony Circle

City State Zip Code
Blacklick OH 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2009

Transaction ID: SA11AI.4890

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial) Dr. Mark E. Thompson		Date of Receipt
Mailing Address 7175 Fox Lake Dr		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
City	State	Zip Code
Blacklick	OH	43004
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4869
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="750.00"/>
Name of Employer Mid-Ohio Onc/Hem Inc		Contribution
Occupation Oncologist		
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Joseph P Waselenko		Date of Receipt
Mailing Address 2736 Lakewood Pointe		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
City	State	Zip Code
Cincinnati	OH	45244
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4903
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer self		Contribution
Occupation Oncologist		
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="8300.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial) Cohen for Congress Mailing Address 349 Kenilworth City Memphis State TN Zip Code 38112 Purpose of Disbursement Contribution Candidate Name Cohen for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4929 Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 1500.00
B. Full Name (Last, First, Middle Initial) Steve Israel for Congress Mailing Address 66 DIX HIGHWAY City DIX HILLS State NY Zip Code 11746 Purpose of Disbursement Contribution Candidate Name Steve Israel for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4915 Date of Disbursement 12 / 23 / 2009
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00